

## Faller, Robert B. - Medicaid

---

**From:** Stephen Denagy [stephendenagy@mac.com]  
**Sent:** Friday, December 18, 2009 7:16 PM  
**To:** Faller, Robert B. - Medicaid  
**Subject:** Savella Medicaid Review

Greetings Mr. Faller!

I am writing in support of Savella, that it be added to the regular formulary for the routine treatment of Fibromyalgia. Given the unique neurotransmitter profile (dually acting to raise both Norepinephrine and Serotonin in a receptor affinity ratio of 3:1), and its general effectiveness, I find it to be a very helpful addition to our treatment kit. I am personally intrigued by the slightly greater affinity for norepinephrine. Since this is quite different from extant approved agents, it gives a theoretical basis for choosing an alternative medication when another fails, and for considering it for first line.

I personally have had success with it in both initiation and rescue-type situations.

Thank-you for the opportunity to share my experience. Please contact me with any questions.

Sincerely,

Stephen DeNagy, MD, ASCP

## Faller, Robert B. - Medicaid

---

**From:** GLORIA BEERY [beeryjg@msn.com]  
**Sent:** Tuesday, January 05, 2010 10:42 PM  
**To:** Faller, Robert B. - Medicaid  
**Subject:** Savella- Medicaid review

To Bob Faller:

I have been a family nurse practitioner in Boise for 30 years. I see an average of 40 to 50 patients a week. I have prescribed all of the serotonin and norepinephrine drugs on the market since fluoxetine was first marketed some twenty years ago. When Savella came on the market I was eager to try it as my experience with Lyrica for fibromyalgia and other pain related issues had been discouraging. I think I only have about 2 patients on Lyrica. Knowing the class that Savella came from gave me courage to give it a try, not only in fibromyalgia patients, but other chronic pain conditions. I personally, became the first one to try it as I have chronic migraines and pain from osteoarthritis. Most patients with chronic pain have some underlying depression along with the pain (predictably). I progressed very slowly with the dosing regimen and found great results with pain relief (reduced my migraines from 1-2 per week to one a month) and even some improvement in the OA pain, which I hadn't anticipated. My typical winter depression has been markedly improved, as well.

My personal experience gave me momentum to start other patients on Savella. One in particular who primarily struggled with chronic back pain, called me in a week and told me I was a miracle worker. Even her ex-husband who is also my patient, told me he had seen her recently and was amazed at how much better she seemed to him. Others have reported similar success.

I am very impressed with this drug and am eager to have more opportunities to prescribe it. In Europe it is indicated for depression so I trust the company will seek that indication, as well, because I think this drug is unique in its treatment of chronic pain with depression. Having a higher ratio of norepinephrine to serotonin levels seems to also curb the increased appetite so typical of SSRI medications. Since most of us in primary care are keenly aware of the overweight/obesity epidemic, drugs that decrease (or at least do not increase) appetite float to the top of my preferred list of medications.

Thank you for the opportunity to give you my input on this medication.

Sincerely,

Gloria Beery, CNP  
Selah Medical Center  
6565 W. Emerald  
Boise, ID 83704  
208-377-5055



510 N. 2nd Street, Suite 103  
Boise, Idaho 83702  
P (208) 381-4700 F (208) 381-4977

Children's Specialty Center  
100 E. Idaho Street, Suite 200  
Boise, Idaho 83712  
P (208) 706-5800 F (208) 706-5810

520 S. Eagle Road, Suite 3112  
Meridian, Idaho 83642  
P (208) 706-5800 F (208) 706-5810

3101 E. State Street, Suite 2107  
Eagle, Idaho 83616  
P (208) 381-4700 F (208) 381-4977

December 29, 2009

Pharmacy & Therapeutics Committee  
3232 Elder Street  
Boise, Idaho 83705

Re: Toviaz (fesoterodine fumarate)

To Whom It May Concern:

David B. Crane, MD, FACS  
Jared G. Heiner, MD  
William A. Jones, MD  
Kara N. Saperston, MD  
Avery L. Seifert, MD, FACS  
Craig R. Spencer, MD  
Kara L. Taggart, MD  
Larry A. Tansey, MD, FACS  
Donald L. Weese, MD, FACS  
Timothy A. Welebir, MD, FACS

This letter is in support of adding Toviaz (an anticholinergic) that is a daily dosage to the Idaho Medicaid formulary. The drug is efficacious in my experience with several patients in that it has significantly reduced urinary urge incontinence. It would be a helpful addition in the formulary to help patients that are resistant to improvement to other anticholinergic medications. I hope you see Toviaz in a favorable light and add it to the formulary.

Thank you. Do not hesitate to contact me for further information.

With warm regards,

A handwritten signature in black ink, appearing to read "W.A. Jones".

William A. Jones, M.D.

WAJ:as



510 N. 2nd Street, Suite 103  
Boise, Idaho 83702  
P (208) 381-4700 F (208) 381-4977

Children's Specialty Center  
100 E. Idaho Street, Suite 200  
Boise, Idaho 83712  
P (208) 706-5800 F (208) 706-5810

520 S. Eagle Road, Suite 3112  
Meridian, Idaho 83642  
P (208) 706-5800 F (208) 706-5810

3101 E. State Street, Suite 2107  
Eagle, Idaho 83616  
P (208) 381-4700 F (208) 381-4977

December 29, 2009

Pharmacy & Therapeutics Committee  
3232 Elder Street  
Boise, Idaho 83705

Re: Toviaz (fesoterodine fumarate)

To Whom It May Concern:

David B. Crane, MD, FACS  
Jared G. Heiner, MD  
William A. Jones, MD  
Kara N. Saperston, MD  
Avery L. Seifert, MD, FACS  
Craig R. Spencer, MD  
Kara L. Taggart, MD  
Larry A. Tansey, MD, FACS  
Donald L. Weese, MD, FACS  
Timothy A. Welebir, MD, FACS

This letter is in support of adding Toviaz (an anticholinergic) that is a daily dosage to the Idaho Medicaid formulary. The drug is efficacious in my experience with several patients in that it has significantly reduced urinary urge incontinence. It would be a helpful addition in the formulary to help patients that are resistant to improvement to other anticholinergic medications. I hope you see Toviaz in a favorable light and add it to the formulary.

Thank you. Do not hesitate to contact me for further information.

With warm regards,

A handwritten signature in black ink, appearing to read "W.A. Jones", with a long horizontal flourish extending to the right.

William A. Jones, M.D.

WAJ:as



Cynthia A. Fairfax, M.D.  
William H. Fredriksson, M.D.  
John A. Greer, M.D.  
Dawn K. King, M.D.  
Eric W. Klein, M.D.  
Stephen J. Miller, M.D.  
David B. Rice, M.D.  
Todd M. Waldmann, M.D.  
Joseph H. Williams, M.D.  
Nicolas J. Allen, PA-C, MPAS  
Derek Derkacs, PA-C, MPAS

To Whom it May Concern:

We are in support of adding Toviaz to the Idaho Medicaid formulary. We have treated several patients a week with overactive bladder and have found this medication to be very efficacious and well tolerated. Toviaz has helped even the most difficult to treat cases of overactive bladder/ urge incontinence.

Thank you for your attention to this matter.

Sincerely,

Dawn King, M.D.  
Idaho Urologic Institute

## **Faller, Robert B. - Medicaid**

---

**From:** David Kemp [dk@cablone.net]  
**Sent:** Tuesday, December 15, 2009 5:31 PM  
**To:** Faller, Robert B. - Medicaid  
**Cc:** Peter Brockett  
**Subject:** Bystolic

Dear Mr Faller,

I am a cardiologist in Twin Falls and find it useful if not essential to have an alternative to generic beta blockers like metoprolol and carvedilol. It would be my recommendation that you favorable consider bystolic as an addition to the medicaid formulary for 2010.

If you have any questions please feel free to contact me.

Regards

David L Kemp MD,FACC

## Faller, Robert B. - Medicaid

---

**From:** frnklnrbt@gmail.com on behalf of BobFranklin [drbob@cablone.net]  
**Sent:** Wednesday, December 16, 2009 11:52 AM  
**To:** Faller, Robert B. - Medicaid  
**Subject:** Bystolic inclusion of Medicaide

Dear Mr. Faller,

I am writing to ask you to consider Bystolic on your drug formulary. The question certainly arises as to: why to we need another B-blocker?

This b-blocker is unique in its specificity to b1 receptors. I have been able to use this medication on patients who have asthma and really need a b-blocker. Also, patients who have depression who should have a b-blocker but have had an exacerbation of their depression from other b-blockers. Also, I do think the nitrous oxide effects are real and I have seen some improvements in patients' kidney function after starting them on this medication.

I think that it should be a niche medication for specific uses but should be available for those patient's in whom it is a good fit.

Thank you for your time and attention.

Robert M. Franklin, D.O.

--

"Good judgment comes from experience, and a lot of that comes from bad judgment."  
Will Rogers

# POCATELLO CARDIOLOGY

777 Hospital Way, Building A, Ste. 101 – Pocatello, ID – 83201  
208.234.2001 – FAX 208.232.2195

12-15-2009

Dear Medicaid formulary advisory committee:

Thank you in advance for your consideration of Bystolic (nebivolol) on the Medicaid formulary. It is my understanding that Beta blockers are up for review at the upcoming meeting January 15<sup>th</sup> 2010. With Bystolic having the unique ability to provide Beta 1 specificity and the ability to vasodilate, we would like the ability to prescribe Bystolic to my Medicaid patients. Since Bystolic provides strong blood pressure reduction without the fatigue associated with older Beta blockers. Thank you again, for your consideration of adding Bystolic to the Medicaid formulary.

Sincerely,



David Gonzalez M.D. FACC

D: 12-15-09

T: 12-15-09 th



## Faller, Robert B. - Medicaid

---

**From:** Reed Ward [wesaw99@yahoo.com]  
**Sent:** Monday, December 21, 2009 2:30 PM  
**To:** Faller, Robert B. - Medicaid  
**Subject:** please add bystolic to the formulary

To whom it may concern:

I would appreciate your consideration of adding bystolic to the formulary. It works in a unique way and I have seen tremendous benefits to my patients without the usually intolerable side effects of traditional beta-blockers.

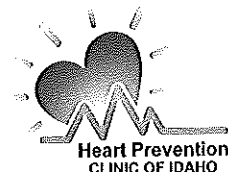
Thanks for your consideration.

Sincerely

Reed I. Ward, D.O.



6565 Emerald St., Boise ID 83704  
 1618 S. Millennium Way, Suite 220, Meridian ID 83642  
[www.selahmedical.com](http://www.selahmedical.com) • [www.heartprevention.org](http://www.heartprevention.org)  
 Boise: 208.377.5055 • Meridian: 208.288.1717



December 23, 2009

Attention Bob Faller  
 Pharmacy & Therapeutics Medicaid Committee  
 3232 Elder St.  
 Boise, ID 83705

Dear Mr. Faller:

I am writing this letter in support of two drugs which are under review in the upcoming meeting. I want to add my professional support and recommendation that Bystolic be kept on the Medicaid formulary and that Crestor be added. Bystolic (nebivolol) is, in my opinion, far and away the best beta blocker available. It has advantages over metoprolol and atenolol in that it does not increase insulin resistance which has deleterious effects on diabetes, lipids, high blood pressure, and uric acid levels. Bystolic decreases central aortic pressure and does not decrease cardiac output, as do atenolol and metoprolol. Bystolic does not cause fatigue as atenolol and metoprolol also do. Generic carvedilol is also a good choice, but many patients have side effects from this and cannot tolerate it. In my clinical experience, Bystolic is the best tolerated drug in the beta blocker class and I also do not see the negative metabolic consequences. Patients uniformly feel well on Bystolic. I understand currently that it is a step edit after they have failed or had contraindications to other beta blockers and I would support this continuing.

As a board certified lipidologist, I think it is very important that Crestor be included on the formulary. In high-risk patients, many times the LDL goal of 70 cannot be achieved even with Lipitor 80 mg p.o. q.d. Many patients cannot tolerate 80 mg of Lipitor. Crestor is twice as potent milligram per milligram in its LDL-lowering properties than Lipitor is. I would also be in favor that this be included on a step-edit basis.

By way of disclosure, I do speak for Bystolic but do not speak for AstraZeneca which has Crestor. I do see a small number of Medicaid patients in my practice and many times the sickest patients become financially destitute because of illness and fall onto the Medicaid program. When my patients fall on hard times and go on Medicaid, I continue to see them. I also work closely with the nephrologists in town and many of their patients are on Medicaid and need the Bystolic.

Thank you for your consideration in this matter in passing it on to the Committee.

Sincerely,

D. David Hartman, M.D.

DDH/ch

D David Hartman, MD  
 Board Certified Family Medicine  
 Board Certified Clinical Lipidologist

Bryan Dague, MD  
 Board Certified Family Medicine  
 Board Certified Clinical Lipidologist

Stephen Spencer, MD  
 Board Certified Internal Medicine  
 Board Certified Clinical Lipidologist

Beverly Ludders, MD  
 Board Certified Family Medicine  
 Gloria Beery, CNP

Renee Wilson, PA-C  
 Stephanie Dalton, PA-C

Lawrence Brown, MD  
 Board Certified Family Medicine  
 Board Certified Clinical Lipidologist

## **Faller, Robert B. - Medicaid**

---

**From:** Dr. Douglas Blank [dblank@idahoheartinstitute.com]  
**Sent:** Monday, December 21, 2009 7:55 PM  
**To:** Faller, Robert B. - Medicaid  
**Cc:** 'Peter Brockett'  
**Subject:** Bystolic on the formularyfor Medicaid

I would like to see Bystolic on the formulary for Medicaid. I have used the product in my Cardiology practice and I think that it has unique properties and therefore should be included on the formulary. Thank you.

Douglas U. Blank, MD  
Idaho Falls, Idaho

## **Portneuf Family Medicine, P.A.**

**R. John Lassere, M.D. & Jordan Bailey, M.D.**

353 N. 4<sup>th</sup> Ave. Ste 102

Pocatello, ID 83201

Phone: (208) 478-7900

Fax: (208) 478-7901

Pharmacy & Therapeutics Committee

Attention: Bob Faller

3232 Elder Street

Boise, ID 83705

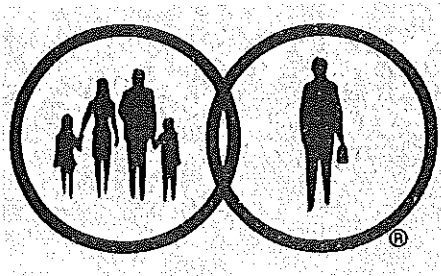
Bob:

It has come to my attention that the Idaho Medicaid P&T Committee will be reviewing lipotropics after the first of the year. I would like to voice my support for the inclusion of TriLipix on the formulary. I have used TriLipix and have found it to be a valuable addition to the management of lipids in my patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'JB' or 'Jordan Bailey', written over the word 'Sincerely,'.

Jordan Bailey, MD



## SOUTHEAST IDAHO FAMILY PRACTICE

2775 Channing Way - Idaho Falls, Idaho - 83404  
PH: 208-524-0133 FAX: 208-523-0245

Barry F. Bennett, M.D.  
Kay L. Christensen, M.D.  
Daniel W. McLaughlin, M.D.

Cathy R. Arvidson, PhD, RN, CFNP  
Jon Rozack, RN, CFNP

*"We Care for you and your Family"*

December 29, 2009

ID Medicaid P&T Committee  
Attn: Bob Faller  
3232 Elder Street  
Boise, ID 83705

Bob:

When it comes to managing lipids in my patients, it's important to have options. As you are reviewing the possible addition of Trilipix to the Medicaid Formulary after the first of the year, I would like to express my support for its addition. I use Trilipix and appreciate that it's the only fibrate that has an indication to be used with statins. This has been a valuable addition to my practice and the lipid management of my patients.

Sincerely,

Kay Christensen, M.D.



**MARK B. RENCHER, M.D.**

2610 CHANNING WAY • IDAHO FALLS, IDAHO 83404  
Telephone (208) 523-0888

December 30, 2009

Attention: Bob Faller  
ID Medicaid P&T Committee  
3232 Elder Street  
Boise, ID 83705

Mr. Faller:

As your committee is reviewing the ID Medicaid PDL for 2010, I would request that you please add TriLipix to the formulary. It has been a valuable addition to our treatment of lipids. It would be helpful to have this drug available to our Medicaid patients as well.

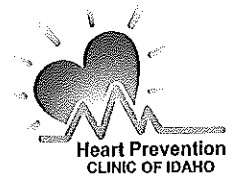
Sincerely,



Mark Rencher, M.D.



6565 Emerald St., Boise ID 83704  
1618 S. Millennium Way, Suite 220, Meridian ID 83642  
www.selahmedical.com • www.heartprevention.org  
Boise: 208.377.5055 • Meridian: 208.288.1717



December 21, 2009

Attn: Bob Faller  
Pharmacy & Therapeutics Committee  
State of Idaho Medicaid  
3232 Elder St.  
Boise, ID 83705

Dear Mr. Faller:

I hope that the Pharmacy & Therapeutics Committee, which is going to decide the fate of lipid-lowering therapies available to Medicaid patients, will reconsider having Crestor available with no or limited restrictions to be used on people who fail to tolerate generic statins or who have severe enough hypercholesterolemia to not be adequately treated with a generic statin.

Yours truly,

  
STEPHEN E. SPENCER, M.D.

SS/ch

D David Hartman, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist

Beverly Ludders, MD  
Board Certified Family Medicine  
Gloria Becy, CNP

Bryan Dague, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist

Renee Wilson, PA-C  
Stephanie Dalton, PA-C

Stephen Spencer, MD  
Board Certified Internal Medicine  
Board Certified Clinical Lipidologist

Lawrence Brown, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist



6565 Emerald St., Boise ID 83704  
1618 S. Millennium Way, Suite 220, Meridian ID 83642  
www.selahmedical.com • www.heartprevention.org  
Boise: 208.377.5055 • Meridian: 208.288.1717



December 21, 2009

Attn: Bob Faller  
Pharmacy & Therapeutics Committee  
State of Idaho Medicaid  
3232 Elder St.  
Boise, ID 83705

RE: NIASPAN BEING TAKEN OFF THE IDAHO MEDICAID FORMULARY

Dear Mr. Faller:

Niaspan has been proven in numerous studies to have a positive effect on lipoprotein metabolism. Niacin itself has been shown to raise the HDL, lower triglycerides, lower LDL cholesterol, and enlarge LDL particle size. Because of the time-release mechanism, Niaspan provides entry of niacin into the system in an eight- to ten-hour time span, making it ideal for minimizing side effects and maximizing beneficial effects of niacin. Similarly, Simcor, which contains both simvastatin and Niaspan, will hopefully be retained on the formulary for Idaho Medicaid as well. Basically, simvastatin has proven itself to be an adequately potent statin that works synergistically with Niaspan to improve lipid makeup. It is my understanding that it is priced the same as its subcomponent, Niaspan, making it an excellent value. I would also encourage that Trilipix be included in the Idaho Medicaid formulary since it is the only active form of fenofibrate and therefore it cannot be influenced by drug interaction at the liver. It has been proven to be safe with statins. It does an excellent job of controlling more severe cases of hypertriglyceridemia.

I appreciate your consideration in these matters.

Yours truly,

  
STEPHEN E. SPENCER, M.D.

SS/ch

D David Hartman, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist

Beverly Ludders, MD  
Board Certified Family Medicine  
Gloria Beery, CNP

Bryan Pogue, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist

Renee Wilson, PA-C  
Stephanie Dalton, PA-C

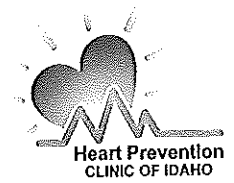
Stephen Spencer, MD  
Board Certified Internal Medicine  
Board Certified Clinical Lipidologist

Lawrence Brown, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist





6565 Emerald St., Boise ID 83704  
1618 S. Millennium Way, Suite 220, Meridian ID 83642  
www.solahmedical.com • www.hcartprevention.org  
Boise: 208.377.5055 • Meridian: 208.288.1717



December 15, 2009

Pharmacy & Therapeutics Committee  
Attention Bob Faller  
3232 Elder St.  
Boise, ID 83705

Dear Committee Members:

I am writing this letter on behalf of the medications name-branded Trilipix, Niaspan, and Simcor. I would like at this point to give my hearty endorsement to keep these medications on formulary. The Simcor is very appealing because it combines a very effective statin with Niaspan, which is the most potent HDL-improving medicine that we have. From a lipidologist's point of view, I feel that Niaspan is a very important part of the therapy for many folks' dyslipidemia. By way of supporting the Niaspan in the Simcor, I also obviously support Niaspan by itself as a great therapeutic option which will virtually improve all aspects of a person's lipid profile. Trilipix is a wonderful medicine for folks that have severe hypertriglyceridemia. In point of fact, it works better for triglyceride lowering than Niaspan and also has a good benefit for HDL improvement as well. I use these medications in my practice frequently.

Once again, I heartily endorse maintenance of these medications on formulary. If you have any questions, please contact me.

Sincerely,

Lawrence E. Brown, M.D.  
Lipidologist

LEB/ch

D David Hartman, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist

Bryan Dague, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist

Stephen Spencer, MD  
Board Certified Internal Medicine  
Board Certified Clinical Lipidologist

Beverly Ludders, MD  
Board Certified Family Medicine  
Gloria Beery, CNP

Renee Wilson, PA-C  
Stephanie Dalton, PA-C

Lawrence Brown, MD  
Board Certified Family Medicine  
Board Certified Clinical Lipidologist

December 29, 2009

Paul Beckett, D.O.  
Blackfoot Medical Center  
1441 Parkway Drive  
Blackfoot, Idaho 83221

ID Medicaid P&T Committee  
Attention: Bob Faller  
3232 Elder Street  
Boise, ID 83705

Bob:

I have become aware that a general review of lipid medicines, and Trilipix specifically, is taking place in January of 2010. I would like to express my support for the inclusion of Trilipix on the 2010 Medicaid formulary. This is becoming an increasingly valuable agent for managing the TG and HDL of our diabetic patients in combination with statins and other agents. It would be beneficial for our Medicaid patients to be able to access, without restrictions, this product in managing their cardiovascular health.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Beckett', with a large, sweeping flourish at the end.

Paul Beckett, D.O.

## Faller, Robert B. - Medicaid

---

**From:** Hansel and Laurie Ashby [Lhashby@cableone.net]  
**Sent:** Monday, November 16, 2009 11:05 PM  
**To:** Faller, Robert B. - Medicaid  
**Subject:** Trilipix

To Whom It May Concern:

I am writing to you to express my support of the cholesterol medication Trilipix. My understanding is that the manufacturer is seeking coverage on Idaho Medicaid. I have been using Tricor for several years and have recently started prescribing Trilipix to my patients at Capital City Family Medicine. I have used the medication for hypertriglyceridemia in addition to elevated LDL cholesterol. I have also prescribed Trilipix in situations where a patient is already on a statin medication and is non-therapeutic in terms of total cholesterol, HDL, LDL or TG levels. The medication has a very low side effect profile. To date I have not had to stop the medication due to side effect in my specific patient population. I have seen substantial lowering of the triglycerides and LDL in addition to increases in the HDL in both patients on diet and Trilipix and those using it in combination with a statin. I feel that this medication should be a viable option for patients on Idaho Medicaid due to its exceptional cholesterol lowering and TG lowering qualities and its low side effect profile.

Laurie Ashby, M.D.  
Capital City Family Medicine



Date: December 14, 2009  
To: P & T Committee  
RE: Avodart Medicaid Review

To Whom It May Concern:

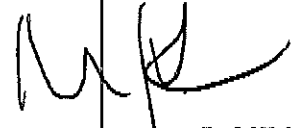
We are writing this letter in regards to the upcoming Medicaid review for Avodart.

It is important to have options available when prescribing medications for our patients. Avodart has proven to be a valuable medical therapy option for us when we are treating Benign Prostatic Hyperplasia as Avodart reduces the risks associated with this disease and arrests the disease state.

Please recognize the value this medication brings to both our patients and our practice by allowing Avodart to remain available on the Idaho Medicaid Preferred Drug List without restriction.

Sincerely,

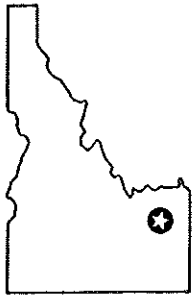
  
William Fredrikson, MD

  
Nic Allen, PA-C, MPAS

  
Derek Derkacs, PA-C, MPAS

  
Joseph Williams, MD

  
Eric Klein, MD



# *Southeast Idaho Urology*

**ADULT & PEDIATRIC**

Board Certified

**Timothy O. Taylor, MD**

2330 Coronado Street

Idaho Falls, ID 83404

Telephone: (208) 552-1234

Fax: (208) 522-9580

Bob Faller  
Pharmacy & Therapeutics Committee  
3232 Elder Street  
Boise, ID 83705

Dear Mr. Faller,

I understand that the 5 Alpha Reductase class is coming up for Idaho Medicaid review shortly. For this reason, I am writing to express my opinion about the need to leave options open to practitioners regarding this class of medication. Although there is a generic option on the market that works for many patients, it has been my clinical experience that it is not always the best product for all patients needing a treatment for enlarging prostate.

Due to the importance of treating both components of enlarging prostate, the size and symptoms, Dutasteride has been clinically proven to improve the symptoms, reduce the risk of acute urinary retention (AUR), and reduce the risk of BPH-related surgery.

Dutasteride has a record for safety and efficacy proven over several years of market exposure and patient utilization. Therefore, I am asking the committee to retain Avodart as a preferred agent for our Medicaid patients and their providers.

Thank you for your time and responsiveness to this request.

Sincerely,

Timothy O. Taylor, MD

SOUTHEASTERN IDAHO UROLOGY CONSULTANT  
ADULT AND PEDIATRIC  
UROLOGIC SURGERY

ROBERT W. BOHUS, M.D., F.A.C.S.  
DIPLOMAT AMERICAN BOARD OF UROLOGY



Date: December 15, 2009  
Re: Avodart Review

Dear Mr. Faller:

It has recently come to my attention that your committee is reviewing BPH medications as part of the January meeting. As a Urologist in the Pocatello area, Avodart, and the 5 Alpha-reductase inhibitor class, are a valuable option in the treatment of symptomatic BPH and work by arresting disease progression and reducing the need of unnecessary prostate surgeries.

I feel as a physician it is important for my patients to have treatment options, and Avodart is providing my patients an option to having surgery. With the current clinical data now showing four years of symptom improvement, significant reduction in AUR, and great tolerability, I am asking you to give our patients in Idaho a choice. I would like the committee to keep Avodart without restriction as a preferred drug on the Idaho Medicaid formulary.

Thank you for your time and consideration with this matter.

Sincerely,

Robert W. Bohus, M.D.

**IDAHO UROLOGY CLINIC, P.A.**

W.E. WATKINS, M.D., F.A.C.S.

1613-B 12<sup>TH</sup> AVENUE ROAD

NAMPA, IDAHO 83686

24 HOUR PHONE (208) 466-2461

FAX (208) 466-2488

December 21, 2009

Pharmacy and Therapeutics Committee

3232 Elder Street

Boise, Idaho 83705

Atten: Mr. Bob Faller

Dear Committee Members:

I understand Avodart will be considered upcoming Medicaid review. I urge you to allow Avodart to remain available to Medicaid patients on the preferred drug list without restriction. Avodart is a superior option. It has the longest half life of the 5 alpha reductase inhibitors available and blocks 2 as opposed to just 1 of the enzymes that convert testosterone to dihydroxy-testosterone.

I should also like to take this opportunity to declare that I received no compensation from Glaxo for preparing and submitting this testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "W.E. Watkins M.D.", with a stylized flourish at the end.

W.E. Watkins, M.D.

WEW/sd